SLMA NEWS

THE OFFICIAL NEWSLETTER OF THE SRI LANKA MEDICAL ASSOCIATION

JULY 2019, VOLUME 12, ISSUE 07

Cover story

SLMA ALL ISLAND CHILDRENS' ART CREATIONS 2019

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Facing the challenges and forging ahead for better health outcomes

OFFICIAL NEWSLETTER OF THE SRI LANKA MEDICAL ASSOCIATION

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President's Message

Let us focus on our environment

"Time cannot wait to make us wise. We must use it, as it flies".

Dear Members,

Half the year is already gone and the much awaited and most important annual event of the SLMA the International Medical Conference just concluded. There was a packed programme of events comprising 4 orations, 22 symposia, 12 plenaries, 6 workshops, 6 seminars, 6 pre-congress workshops and 1 post-congress workshop. There were many interesting presentations on new diagnostics, new therapies, tropical medicine, looking into the future etc. Dr. Panduka Karunanayake, the Conference Chairman was the solid force and mastermind behind the entire conference programme. The doctors' concert too was the best ever this year, as promised by Dr. Christo Fernando, the Concert Master.

Last month, I focussed my attention on road traffic accidents during the New Year vacation when the roads turned bloody, with more than 50 road deaths during this period. This month I thought of penning my thoughts on a topic very close to our hearts - our environment. We are all familiar with the adage, "if we protect our environment, the environment will protect us". The world environment day was recently commemorated on 5th June 2019. This is one of the most widely celebrated and publicized dates in the global calendar. This day inspires us to be environmentally conscious and to get involved in activities related to the protection of our environment, both individually and nationally. It is also a date to draw the attention of the leaders, policymakers and politicians on the need to conserve the environment provided by nature.

This year the theme of the world environment day was "Beat Air Pollution". China, well known for its high air pollution, was the host country for international celebrations. New Delhi is also a city, known for its high degree of air pollution. Sri Lanka is now ranked in the 60th position amongst nations in terms of air pollution. This year the theme of the world environment day in Sri Lanka was "minimize air pollution through sustainable forest management". However, it is difficult to ascertain how we can protect our forests when illegal logging takes place even in our protected rain forests, often the perpetrators being released with minimum fines due to rampant political interference. On the 10th July 2019, the Daily News carried a news item on page 1 indicating that 50 acres in Kandaboda area of the Ritigala forest reserve was subjected to a massive onslaught with hundreds of timber trees felled down wantonly by gangsters.

It is absolutely essential that we regain our lost forest cover to at least 25% of land area for the sake of our future generations. Merely planting trees is not sufficient. Plants must be nurtured, monitored and protected. For every single tree cut, at least 10 new trees must be planted. However, we only see the Sri Lanka Army engaged in this effort in a systematic way. Derana TV must also be congratulated on conducting a million tree programme last year.

How does the air get polluted?

In Sri Lanka about 30% of air pollution results from vehicle emissions, which is the main source of ambient air pollution. Industrial waste burning contributes to about 30% with the other sources being burning of waste, especially plastics and emissions from power plants and industries. These are part and parcel of modernization of urbanization and industrialization.

In this context, it is difficult to understand how the Ministry of Power, Energy and Business Development has recommended that 3 new coal power plants be established in Sampur and Norochcholai. This decision, which goes against the go green policy of other more environment conscious nations, received the cabinet nod and approval from the Ministry of Environment!

While the world is going green and investing in solar power, in Sri Lanka there are strong objections to the establishment of solar farms, which are much more environmentally friendly and cheaper in the long run, ideal for countries like Sri Lanka which are sunny throughout the year.

Dr. Anula Wijesundere

President SLMA

A 'DOCTOR DIAGNOSIS'

After a morning walk, a group of doctors were standing at a road-side café enjoying a cup of tea.

Then they saw a man limping towards them.

One doctor said he has Arthritis in his left knee.

The second said he has Plantar Fasciitis

The third said, "it is just an Ankle Sprain".

The fourth said, "see, that man cannot lift his knee, he seems to have Motor Neurone Disease".

The fifth said "to me he seems to have a Hemiplegic gait".

Before the sixth could proclaim his diagnosis, the man reached the group and asked, "Is there a cobbler nearby who can repair my slipper?"

From an e-mail sent by Mrs. Esther Amarasekera.

Arranged and formulated by Dr. B. J. C. Perera.

World Hepatitis Day 2019: An Emphasis on Elimination

Dr. Uditha Dassanayake
Consultant Gastroenterologist & Hepatologist,
Teaching Hospital Anuradhapura

An overwhelming majority of viral hepatitides are caused by a group of heterogenous viruses (Hepatitis A to E), out of which some (Hepatitis B, C and D) can lead to a chronic disease which can result in cirrhosis and liver cancer. The World Hepatitis Day was globally endorsed by the WHO during their 63rd World Health Assembly in 2010. This was designated to be on the 28th of July, to celebrate the birth of Nobel laureate Baruch Samuel Blumberg, who discovered the hepatitis B virus in the blood of an Australian aborigine in 1964 and went on to create a vaccine against it. The objective of the day was "to provide an opportunity for education and greater understanding of viral hepatitis as a global public health problem, and to stimulate the strengthening of preventive and control measures of this disease in member states."

Viral hepatitis B and C are recognized global health problems, resulting in the second highest mortality due to an infectious diseases after tuberculosis (1.4 million deaths a year). During the Hepatitis Day 2019 campaign, the WHO promoted the theme of "Invest in eliminating hepatitis", with special emphasis on Hepatitis B and C. This reflects the remarkable progress made in the treatment of these diseases over the past decade, especially with hepatitis C, which resulted in it being transformed from an intractable disease to a curable one.

Hepatitis B: Preventable and Treatable

Hepatitis B is caused by a DNA virus of the Hepadnaviridae family. The virus can survive outside the body for at least 7 days. During this time, the virus can still cause infection if it enters the body of a person who is not protected by the vaccine. The incubation period of the hepatitis B virus is 75 days on average, with a range of 30-180 days. Infection leads to chronic disease in a minority (<5%) of adults and a majority (50-90%) of children. The natural history of chronic hepatitis B is complicated and divided into several phases identified by several serological and biochemical markers (Figure 1). It is important to identify the phase of infection in an individual to plan treatment. Around 30% of chronic hepatitis B infections lead to liver cirrhosis and/or liver cancer.

It is estimated that around 250 million people worldwide are chronic carriers of hepatitis B, with an estimated 887,000 deaths in 2015 due to the infection. The highest prevalence of the disease was noted in Sub Saharan Africa (>8%) and Pacific islands (~ 6%). Some endemic areas like the South East Asian region recorded decreasing prevalence due to improved socio-economic conditions, vaccination practices and accessibility to treatment. Sri Lanka has a very low prevalence of hepatitis B, with estimates varying from 0.46% (Premarathne et al 2002) to 0.25% (Niriella et al 2015).

In highly endemic areas, hepatitis B is mainly spread by perinatal transmission (mother to child at birth), which leads to chronic infection in >90% of cases, and horizontal transmission by exposure to infected blood. It is also transmissible through needlestick injury, tattooing, piercing and exposure to infected body fluids, such as saliva, menstrual, vaginal, and seminal fluids. Sexual transmission is more common in unvaccinated men who have sex with men and heterosexual persons with multiple sex partners or contact with sex workers.

The main screening tool for hepatitis B is the hepatitis B surface antigen test (HBsAg), which becomes positive 4 weeks after first infection. In a patient with overt hepatitis, acute infection can be confirmed by the presence of the Hepatitis B core IgM antibody (HBcAb IgM) and positive viral DNA assay. The decision to treat an acute infection will be made at the clinicians' discretion, especially in the presence of features of liver failure. Chronic infection is defined as persistence of HBsAg positivity beyond 6 months of acute hepatitis.

The decision to treat chronic hepatitis B is made based mainly on 3 criteria: HBV DNA levels, serum transaminases and the severity of liver disease, which is ideally assessed by liver biopsy. The presence of Hepatitis B e Ag (HBeAg) is also important as a marker of active infection and infectivity.

The advent of transient elastography (e.g Fibro-scan©) has provided a valuable non-invasive method to assess the severity of liver injury and the presence of fibrosis. However, the presence of liver cirrhosis and detectable HBV DNA is an indication for treatment irrespective of DNA levels or liver function tests.

Although the available current treatments for hepatitis B are highly effective, it is not considered a curable disease and lifelong treatment is often required. Nucleos(t)ide analogues (e.g. Tenefovir, Entecavir, Lamivudine) are the main modality of treatment. Lamivudine is cheap and easily available in the local setting, but has a high risk of antiviral resistance with prolonged treatment. Tenefovir and entecavir are recommended first-line agents due to their high barrier to drug resistance, with the latter being preferred in children < 12 years. Interferon alpha, a protein with antiviral, anti-proliferative and immunomodulatory effects, can be considered for treatment in patients with HBeAg positivity.

The main objective of treatment is to achieve undetectable HBV DNA levels, or ideally undetectable HBsAg levels. Another important endpoint is to achieve loss of HBeAg or the appearance of HBe antibody (seroconversion) in HBeAg positive individuals.

Liver cancer is an important complication in chronic hepatitis B patients over the age of 35 or in patients with liver cirrhosis irrespective of age. These individuals should be monitored with 6 monthly ultrasound scans and alpha-fetoprotein (AFP) levels.

A vaccine against hepatitis B infection was first introduced in the United States in 1981. The currently available vaccine consists of a recombinant HBsAg molecule produced in yeast. A series of 3 injections (at 0, 1 and 6 months) has been shown to result in HBsAg antibody (anti-HBs) at levels greater than 10 million IU/ml in 95% of vaccinated individuals. Booster doses may be administered every 5-10 years.

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World Hepatitis Day...

Vaccination during infancy results in long term anti-HBs response as well as immune memory against HBV even with declining anti-HBs levels. This vaccine was introduced into the Sri Lankan National Immunization Programme in 2003 and has achieved very high coverage (>99%) according to the National Epidemiology Unit.

Hepatitis C: A Curable Disease

The hepatitis C virus is an RNA virus of the Flaviviridae family. The virus has 6 genotypes (1-6) with many subtypes (a,b,c, etc) with some differences in geographic distribution, clinical characteristics and treatment options. Genotyping of the virus is therefore an important step in the diagnostic workup of an infected individual. The virus is highly mutable, and escapes host immunological detection due to this. Unlike hepatitis B, a majority of adults who contract the virus progress to chronic infection (85%) and clinical acute hepatitis is rare. Around 20% of the chronically infected progress to liver cirrhosis and/or cancer.

According to the WHO, around 71 million people worldwide live with chronic hepatitis C, and in 2016, approximately 399 000 people died from hepatitis C, mostly from cirrhosis and hepatocellular carcinoma. The most affected regions are the Eastern European and Eastern Mediterranean regions. The highest prevalence rate in the world is reported from Egypt (>10%), as a result of poor infection control procedures during mass treatment programmes against Schistosomiasis in the 1960s.

According to the National Epidemiology Unit, hepatitis C is more prevalent in Sri Lanka than hepatitis B. The screening positivity rate has been noted to be as high as 6.9% among high risk populations, but only 0.5% of this population were RNA positive (Niriella et al 2015). Some of the countries in the South Asian region have recorded high prevalence rates (>3%) among the general population (e.g. Pakistan), and increasing migration and travel may contribute to its increasing prevalence in Sri Lanka.

The main mode of transmission is through percutaneous exposure to infected blood and plasma derivatives. This includes:

- injecting drug use through the sharing of injection equipment;
- the reuse or inadequate sterilization of medical equipment, especially syringes and needles in healthcare settings;
- the transfusion of unscreened blood and blood products;
- sexual practices that lead to exposure to blood (for example, among men who have sex with men, particularly those with HIV infection or those taking pre-exposure prophylaxis against HIV infection)

Vertical transmission is less common and not preventable. Interestingly, there is almost zero risk of transmission of the virus through monogamous heterosexual vaginal intercourse.

The first step in screening is to perform an anti-HCV antibody test. Once infected, this test remains positive for life, even after the virus has successfully been cleared. There may be cross reactivity with antibodies to other viruses, the dengue virus (from the same Flaviviridae family) being of special clinical importance. The diagnosis can be confirmed with an HCV RNA test.

Chronic hepatitis C is defined as "The detection of both anti-HCV antibodies and HCV RNA in the presence of biological or histological signs of chronic (>4-6/12) hepatitis". Liver biopsy was historically used routinely to assess liver damage, but is only performed in selected cases at present. This is due to the introduction of several non-invasive methods to grade liver fibrosis (e.g. FIB-4 score, Transient elastography).

Prior to the introduction of highly effective treatment, treatment was indicated mainly for patients with liver cirrhosis or advanced fibrosis, HBV or HIV co-infection, extra hepatic manifestations or those at high risk of transmitting the virus (e.g. active injecting drug users, prison inmates, haemophiliacs). However, these indications are becoming less restrictive in settings with ample access to resources, as the focus shifts to eradication of hepatitis C.

Until 2011, the backbone of hepatitis C treatment was formed by pegylated Interferon alpha injections. These were cumbersome, long term and associated with many side effects. This was combined with ribavirin, which is also associated with mainly hematological side effects. Despite a long treatment regime, cure was only achieved in a modest number with certain hepatitis genotypes (e.g. 40-50% for Genotype I). Reactivation was also not uncommon. This led to hepatitis C being a chronic, cumbersome disease to manage.

In 2011 the first directly acting antivirals (DAAs), telaprevir and boceprevir, were introduced as a part of a triple drug regime. During the next few years, numerous DAAs were introduced to the market, which had outstanding efficacy and tolerability. Progress was made towards achieving interferon and ribavirin free therapeutic regimes. Duration of therapy was also short, with the average of 3 months but being as low as 8 weeks for some drug combinations. Cure was achieved in more than 95% of non-cirrhotic patients with most drug combinations, irrespective of genotype. The concept of a "pan-genotypic" treatment regime was also introduced. The progress was such that guidelines had to be updated very frequently to keep up with new developments.

However, these new medications continue to be quite costly, significantly limiting their availability in resource poor settings. At present several DAAs are registered in Sri Lanka but access continues to be limited by cost and the long wait times associated with the drug ordering process in the public sector. The latter is crucial in the management of young patient populations at high risk of cross infection, like patients with thalassaemia and hemophilia.

Closing thoughts:

Global migration trends and delay in treatment for at risk populations leaves Sri Lanka vulnerable to increasing case numbers of chronic hepatitis. Chronic viral hepatitis has the potential to be a significant burden to our health expenditure due to the relatively young age of the patients, related complications like hepato-cellular carcinoma and the costs of treatment once diagnosed.

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World Hepatitis Day...

Actively identifying existing cases, contact tracing, specialist assessment and proper management can be considered a worthwhile investment.

It is important that medical practitioners:

- Carry out appropriate screening investigations in at-risk populations and with clinical suspicion (e.g. all cases of liver cirrhosis, unexplained transaminitis, hepatocellular carcinoma)
- Refer suspected cases promptly to the nearest Specialist Gastroenterology Clinics for further assessment.
- Give appropriate advice to avoid transmission to family members.
- Take steps to screen family members or close contacts and arrange for vaccination in the case of Hepatitis B.
- Encourage Hepatitis B vaccination in children

Although Sri Lanka is a relatively low prevalence country for chronic viral hepatitis, this also gives us a unique opportunity to successfully implement the theme for this years' World Hepatitis Day. The renewed global focus to achieve the elimination of this disease, coupled with the advancement of modern medicine, does make the future look optimistic.

	Acute HBV	Chronic HBV	Cleared HBV	Vaccination
HBcAb IgM	+	-	-	-
HBcAb IgG	+	+	+	-
HBsAg	+	+	-	-
Anti-HBs	-	-	+	+
HBeAg	+	+/-	-	-
Anti-HBe	-	+/-	+/-	-
HBV DNA	High/Low	Low/High	-	-

Stage	ALT	HBeAg	HBV DNA
Immune tolerant	Normal	Positive	High
Immune active	High	Positive/Negative	Low
Immune surveillance	Normal/Slightly raised	Mostly negative	Low
Immune escape	High	Negative	High

Figure 1: Serological and biochemical markers in Hepatitis B infection

Monthly Seminar for Media and Public on Viral Hepatitis

The monthly seminar on health related topics for the media and public was conducted on the 19th of July 2019 at the Lionel Memorial Auditorium from 11.30 am – 1.00 pm. The participants were Dr Nilesh Fernandopulle, Senior Lecturer, Department of Surgery, Faculty of Medicine, University of Colombo and Dr Sanjeeva Ariyasinghe, Consultant Gastroenterologist, Colombo South Teaching Hospital, Kalubowila.

Dr Anula Wijesundere, President, SLMA welcomed the speakers, media and public and spoke briefly on the epidemiology of viral hepatitis. Dr Nilesh Fernandopulle focused his talk on viral hepatitis A and E while Dr Sanjeeva Ariyasinghe spoke on hepatitis B and C and their consequences. A very lively discussion with the media and public ensued.

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Monthly Seminar for...



SLMA Monthly Clinical Meeting for June 2019

The SLMA Monthly Clinical Meeting jointly organized for the first time with the Organ Transplant Unit of Sri Jayawardenepura General Hospital, was held on 18th June 2019 at the Professor NDW Lionel Memorial Auditorium, SLMA. Dr. Anula Wijesundere, President SLMA, warmly welcomed the speakers, Dr Niroshan Seneviratne, who was formerly her intern house officer and later went on to become Consultant Urology and Transplantation Surgeon and colleague at Sri Jayawardenepura Hospital and former colleague and Consultant Nephrologist, Dr Chinthana Galahitiyawa. The theme of the meeting was 'Challenges in Renal Transplantation'.

The consultants jointly described two interesting patients with chronic kidney disease who were initially considered unsuitable for renal transplantation but were later given the opportunity and everything turned out well for both patients.

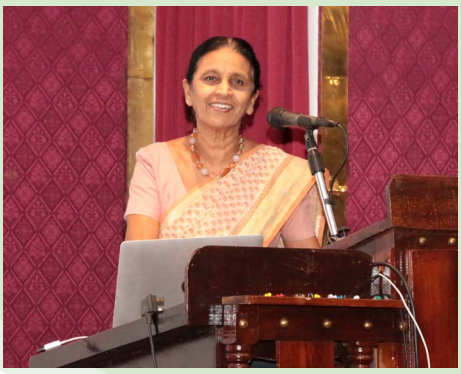
The first patient was a middle aged gentleman with polycystic kidney disease complicated by CKD stage 4, whose sister offered to be a live donor. However, investigations revealed that the sister had a splenic artery aneurysm which carried 30% mortality with surgery and would normally not have been considered for transplantation. However, the sister was very keen to provide her normal kidney to her brother. Both surgery of the aneurysm and nephrectomy were done simultaneously on the sister and the kidney was successfully transplanted into her brother. Both are in good health now.

The second patient was a middle-aged lady with CKD stage 4 due to chronic reflux nephropathy complicating long standing vesico-ureteric reflux and a diseased bladder, on intermittent self -catheterization, considered unfit for transplantation. This was due to the fact that unless the vesico-ureteric reflux was dealt with adequately, the newly transplanted kidney would also get affected. Thus, she needed both transplantation and correction of vesico-ureteric reflux. Both procedures were successfully performed by the urology and transplant team of the Sri Jayawardenepura Hospital. This patient too is fine at present.

The presentations concluded with a lively discussion with post graduate students in nephrology.

Dr Anula Wijesundere

President, SLMA





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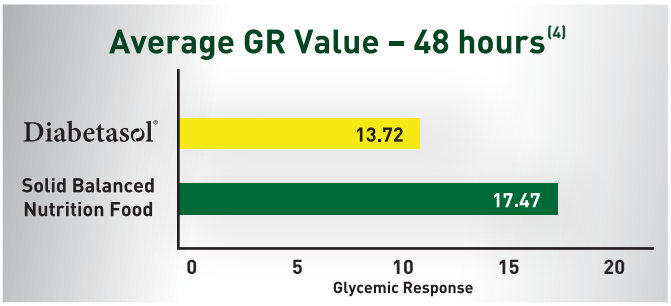

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*Glycemic response is the change in blood glucose concentration that occurs after food consumption.

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*ADA - American Diabetes Association **EASD - European Association for the Study of Diabetes

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KALBE

Monthly Regional Meeting at Base Hospital, Horana

Dr. Thathya de Silva
Assistant Secretary-SLMA

The fifth SLMA Regional Meeting, organized in collaboration with the Clinical Society of Base Hospital, Horana and the Anti-Malaria Campaign, was held at BH Horana on 4th of June 2019 with the attendance of approximately 75 participants. The programme commenced with the welcome addresses delivered by Dr. Tamara Kalubowila, Medical Superintendent of BH Horana and Dr. Anula Wijesundere, President of the SLMA .

The first session comprised of lectures by Dr. U.V. Sooriyar, Consultant Microbiologist, BH Horana, Dr. Kumuduni Cooray, Consultant Paediatrician, BH Horana and Dr. Pahan Wijethunga Consultant Physician, BH Horana on "Sample collection and transport for microbiological investigations", "Influenza" and "Typhus" respectively. The first session was chaired by Dr. Anula Wijesundere, President of SLMA and Dr. Priyantha Jayalath, Consultant Physician, BH Homagama.

The second session included lectures by Dr. Anula Wijesundere , Consultant Physician and President of SLMA on "Malaria in Sri Lanka - The Polonnaruwa Experience" and Dr. H.D.B. Herath, Director, Anti-Malaria Campaign on "Can we forget Malaria?".

The session was chaired by Dr. Pahan Wijethunga, Consultant Physician, BH Horana and Dr. Kumudini Cooray , Consultant Paediatrician, BH Horana who also delivered the vote of thanks, concluding the meeting. All participants were awarded a certificate of participation. The meeting was sponsored by Cable Pharmaceuticals.

SLMA 132nd Anniversary International Medical Congress, Pre-congress Workshop 1: Third Annual Workshop on Wound Care

Dr. Yasas Abeyewickreme
Consultant Plastic and Reconstructive Surgeon and Treasurer, SLMA

The Third Annual Workshop on Wound Care jointly organised by the SLMA, College of Surgeons of Sri Lanka and the Ministry of Health, was held on 27th and 28th June, 2019 at the College of Surgeons Auditorium. Over 25 resource persons contributed their expertise and provided comprehensive coverage of topics related to wound care. 330 doctors and nurses participated in the event.

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Past
Conferences

Colombia (2017), Tanzania (2015), Philippines (2013); Poland (2011); India (2009); Brazil (2007); China (2005); South Africa, (2001).

Who
Should Attend?

Health care providers, policy makers, researchers, donors, parent-patient organizations, other NGOs and youth volunteers from across the world interested in strengthening reproductive, maternal, newborn and child and adolescent health, with a focus on the prevention of birth defects, preterm birth and associated disabilities.

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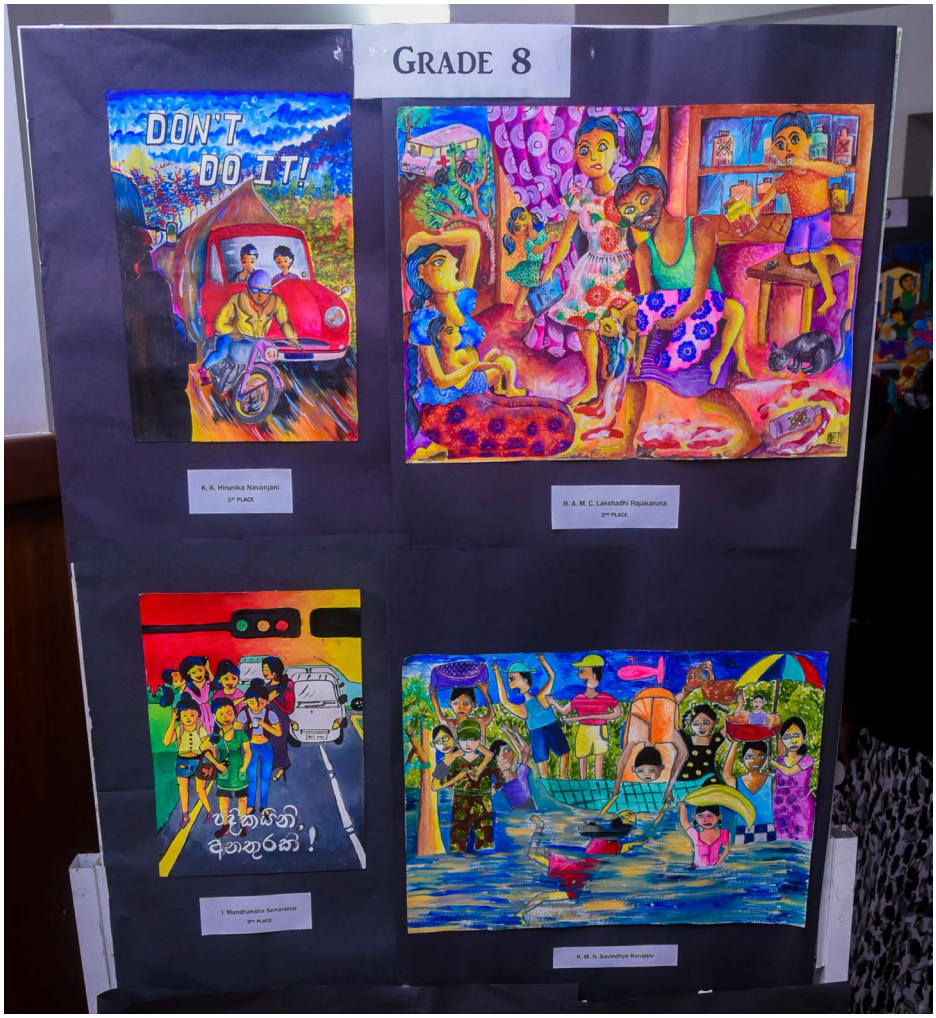
SLMA All Island Childrens' Art Creations 2019

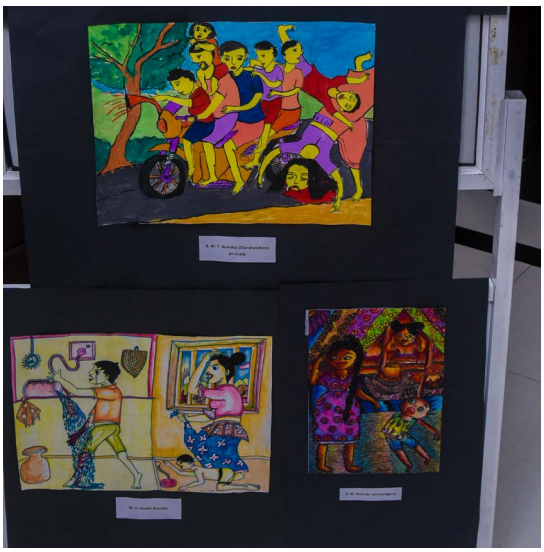
Dr. Kalyani Guruge
Consultant Paediatrician and Public Relations Officer, SLMA



In 1887, when Dr W R Kynsey advocated the formation of "The Ceylon Branch of the British Medical Association", I believe that he never envisioned extending whatever they planned to encompass children of this country. This organization in its long journey, later became SLMA, and acclaimed by some as the "Mother of all professional organisations in the Southern hemisphere" was anyway not into mothering the paediatric population of Sri Lanka.

In 2015, then 128 years old SLMA extended the activities to involve children of the country by conducting the first island wide art competition on the same day as the Annual Run & Walk. The prize giving was held at the same venue where the Run & Walk took place. The themes down the years were selected on their relevance to the general population and also had been relevant to the kids' health. In 2017, it was "Clean Air for a Healthy Life" and more attractively announced as "**පිරිසිදු හුස්මක් - සුවබර දිවියක්**" . In 2018, the theme was selected to highlight a current problem afflicting adults and children, the problem of obesity and related health issues. The theme was, "Eat Wise – Drop a Size".

We are all well aware of the accidental injuries that take place, a major concern for the whole country. As a responsible organization, SLMA considered it to be vital to address this and made use of the art competition to take the message to the community. "**අවදිව නිරතුරු - වළකමු අනතුරු**" became the theme for 2019.



From the very inception in organising the art competition, SLMA worked closely with both Ministry of Education and Child Development Ministry. Two changes were made this year, as suggested by the Child Development Ministry. They pointed out that we should not generate a feeling of competitiveness among pre-schoolers who are still in the formative stages of development. The new term, **Art Creations** was their suggestion instead of Art Competition and also we refrained from selecting winners from under 5 years category. SLMA collaborated with the FHB this year, who assisted us by distributing flyers to the community through MOOMCH, MOH and family health workers and by giving financial help as well. From the inception, Atlas company gave us logistical support.

SLMA is pleased to have been able to convey the important message of injury prevention to the community. We received over 4000 entries from all 4 corners of the country. You can well imagine the impact created on at least 8000 parents, 4000 teachers and principals and some more family members who would have been focused on this theme of Injury Prevention at the time the children created the art.

We changed the selection criteria by categorizing the age groups to under 5 and the rest by their grades and class in school. An art of a 6 year old cannot and should not be compared to a 9 year old as they are in different stages of development. The pre-schoolers drew on accidents at home, the children of 5-9 years created their art on accidents at home and playground and the older children were requested to draw on accidents and prevention caused by water, chemicals, fire, poisons, electricity and road traffic accidents.

Contd. on page 14

Contd. from page 13

SLMA All Island...

The Directors of the Aesthetic Department of the Education Ministry assisted us in selecting the winning art entries. Although I am no expert, as I have been involved in the selection process, I was requested to be the 3rd judge.

At the prize giving, the SLMA Auditorium was filled with bright faces of young art winners and their proud parents, a rare sight indeed for all of us, and a proud moment for us too. Presence of officials of Ministry of Health and Family Health Bureau was very encouraging. DIG, Mr Ajith Rohana gave a very powerful talk on road traffic accidents and prevention and I am sure he was able to reach the minds of the parents very forcefully with his messages. The kids enjoyed the puppet show presented by Mr Upul Alwis and his team. The skits on injury prevention were based on an attractive book '**රන් රුවන් ළමුන්**' created by Mrs. Sybil Wettasinghe, legendary writer of childrens' books. '**රන් රුවන් ළමුන්**' was done by Sri Lanka College of Paediatricians supported by Unilever company.

In 2017 and 2018 SLMA produced a calendar depicting some winning art. This became a window of opportunity to showcase the talents of Sri Lankan children, as young as 3 years as well as those right up to their adolescent years. SLMA is hoping to continue the unique venture which is an excellent way to reach the masses.

Contd. on page 16

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Tablets

Contd. from page 14

SLMA All Island...










Monthly Regional Meeting at Teaching Hospital, Kuliyapitiya

Dr. Thathya de Silva
Assistant Secretary-SLMA

The fourth SLMA regional meeting, organized in collaboration with the Clinical Society of Teaching Hospital, Kuliyapitiya, was held at the TH Kuliyapitiya auditorium on the 27th May 2019 with the attendance of approximately 100 participants. The programme commenced with the welcome addresses delivered by Dr. W.A.C.P. Werawatta, Director, TH Kuliyapitiya and Dr. Anula Wijesundere, President of the SLMA.

The first session comprised of lectures by Dr. Hiran Gunasekara, Consultant Dermatologist, TH Kuliyapitiya, Dr. Peshala Dangalla, Consultant Obstetrician & Gynaecologist, TH Kuliyapitiya and Dr. Kamila Wijayalathge, Consultant OMF Surgeon, TH Kuliyapitiya, who delivered lectures on "Common dermatological problems in general practice", "Menstrual irregularities" and "Commonly encountered OMF conditions", respectively. The first session was chaired by Dr. Anula Wijesundere and Dr. Mahinda Jayakody, Consultant Physician, TH Kuliyapitiya.

Following tea, the second session commenced with a lecture by Prof. Mohan de Silva, Emeritus Professor of Surgery on the topic "Management of pain in chronic pancreatitis- by whom, when and how?". This was followed by a lecture on "Healthy ageing- adding life to years" delivered by Dr. Anula Wijesundere, Consultant Physician. The session concluded with a lecture by Senior Lecturer and Consultant Paediatrician, Faculty of Medicine, USJP, Dr Ruwanthi Perera on "Discipline, punishment and abuse of children". The session was chaired by Dr Ashmo Ranasinghe, Consultant Surgeon and Dr. Hiran Gunasekera , Consultant Dermatologist, TH Kuliyapitiya.

The meeting concluded with the vote of thanks by Dr. Kumudu Dayananda, Secretary, Clinical Society, TH Kuliyapitiya. All participants were awarded a certificate of participation. The meeting was sponsored by Glaxosmithkline Pharmaceuticals.

A Poem to Seven Babies

Dr. DPD Wijesinghe
Consultant Psychiatrist

One day, long before, as a junior medical officer, I went to the labour room in the early morning and saw about seven babies born during the previous night on a single bed. They belonged to parents of different social norms. Following, are several poems I wrote to those babies:

Oh! See these chain of babies
On a bed in the labour room
Born to world like red rubies
One day old they just bloom

Crying, crying, crying and crying
The language they all share
Sucking, breathing and sleeping
Same way they all behave

All are alike with no difference
Brothers, sisters new on the planet
As all having same chromosomes
Making a single race on this planet

Not having a name given by the family
With only a number for identification
Here you all belong to a single family
Common to all in the universe.

You will be taken away you from here
And will be given a name and surname
You will have a class, caste and race
Thou cannot go out from that frame

Billions died in the past fighting each other
Trillions will die on this planet in the future
Having same rights all humans are similar
Who is there to change this foul culture?

All are equal on this planet in the universe
Sharing the same chromosomes with others
All are brothers and sisters and sisters and brothers
Humans are all the same, not a race other

My dear babies! My dear precious babies
They have come here to take you out
In to the world to teach their norms
And to paint you as their own sprout

I appeal to you my tiny dears
To learn and to develop the wisdom
Not the ignorance! Racist ignorance!!
To make peace in this disturbed world

One race, one nation and one caste
With the right to study all religions
Show love and kindness to all in equal vast
To you, to me and to all others

Important Notice

Calling for fresh applications for **Sir Nicholas Attygalle Oration & Sir Marcus Fernando Oration.**
Deadline for submission for applications: **Monday, 30th of September 2019**

All orations:

- Substantial part of the oration should be based on original research.
- Orations based on work published in peer reviewed journals will be given priority.
- In case of multi-author research and publications, the applicant should inform the other authors of his/her presentation and provide details of the contribution to design, data collection, analysis and writing of the manuscript by the applicant.
- A separate sheet stating the publications on which the oration is based should be attached to the submission (see below for details).

Guidelines for submission

- A covering letter should indicate the oration/orations for which the manuscript should be considered.
- The oration should be written in full. The IMRAD format is suggested unless the content requires otherwise.
- For all research involving human or animal subjects, state 'Ethics Clearance' in the methods section. Randomized Control Trials should have been registered in a WHO recognized Clinical Trial Registry.
- The oration should be typed using Times New Roman, size 12, double line spacing. Harvard or Vancouver system of referencing can be used.
- **Five (05) copies** of the scripts should be submitted to the SLMA office (Hony Secretary, 'Wijerama House', No.6, Wijerama Mawatha, Colombo-07). Of these, two (02) copies should be with the name of the author and three (3) copies should be without the name of the author.
- Each copy should be accompanied with a brief resume of the salient points in one sheet of paper (A4 size) indicating the contribution made to advances in knowledge on the subject. Further particulars may be obtained from the SLMA office.

The manuscript should be accompanied by a separate document which indicates the following;

1) The impact of the research in terms of advancing scientific knowledge, quality of clinical care and improvement of service delivery.
2) In case of multi-author research/publications, the contribution of the applicant to design, data collection, analysis and writing of publications/manuscript.
3) A declaration by the applicant that the other authors of the presented research have no objections to the submission of the oration.
4) The applicant should declare if all or part of the work included in the manuscript has already been presented as an oration.
5) Declaration of financial and other conflicts of interests.

All authors of orations should be members of the SLMA, if they are eligible for membership.
(If you are not a member at present, you can apply now)

IMPORTANT NOTICE

Any member of the SLMA who considers himself/herself suitable to guide the SLMA in the year 2021 as President is kindly requested to contact the SLMA Office to obtain the application for President Elect 2020. The applications should reach the Honorary Secretary, SLMA on or before 30 September 2019.

Sri Lanka Medical Association's media statement on the execution of prisoners June 28, 2019

The Sri Lanka Medical Association, as the apex professional organisation of medical doctors in our country and as an organisation that has always upheld and promoted ethical conduct in its members, is concerned about the implications, to both the nation and the profession, of recent attempts to hastily implement the execution of prisoners awaiting death penalty.

The justification for the death penalty is being increasingly questioned all over the civilised world. But quite apart from that, many citizens in our own country, including lawyers, have pointed out that it is unsuited to our own country, especially in view of the widespread problems prevalent in our legal system as well as the lack of access to legal recourse even within this problem-laden system. It should be noted that such problems affect the poorer members of our society disproportionately more. Fortunately, a strong debate on this issue has arisen in our country, and it is too early to arrive at any conclusions.

On this background, our Association would like to ask all concerned to refrain from taking any hasty decisions, to allow the current debate in civilian circles to continue, and to join it with reasoned arguments. We believe that such an approach upholds the democratic ideals that we all value, which political authorities are duty-bound to protect.

Our Association wishes to point out that it is unethical for doctors to take part even under compulsion in the process of execution of prisoners, in any part or in any way, including by examining prisoners for fitness for execution. This is because our profession holds as sacrosanct its ethical position to respect human life even if forced to act otherwise.

The Sri Lanka Medical Association urges the government and the state to refrain from executing prisoners. It urges all concerned to continue in the debate to explore better ways to achieve whatever socially desirable objectives that are said to justify such executions. It also informs all doctors that it is unethical to take part, in any manner whatsover, in executions.

SIX LITTLE STORIES

Well worth the 30 seconds it takes to read them

{1}
Once, all villagers decided to pray for rain.
On the day of prayer, all the people gathered,
But only one boy came with an umbrella.
That's FAITH.

{2}
When you throw babies in the air,
they laugh because they know that you will catch them.
That's TRUST.

{3}
Every night we go to bed
without any assurance of being alive the next morning.
But still, we set the alarms to wake us up.
That's HOPE.

{4}
We plan big things for tomorrow,
in spite of zero knowledge of the future.
That's CONFIDENCE.

{5}
We see the world suffering,
but still, we get married and bring children into that world
That's LOVE.

{6}
On an old man's T- shirt was written a sentence
"I am not 80 years old;
I am sweet 16 with 64 years of experience".
That's ATTITUDE.

From an e-mail sent by Mrs Esther Amarasekera.
Extracted and rearranged by Dr B. J. C. Perera

SLMA 132nd Anniversary International Medical Congress 2019: Pre-congress Workshop on Communication Skills

Prof. RM Mudiyanse
Chairperson
SLMA Core Group on Communication Skills in Healthcare

The Communication Core Group of the SLMA enjoyed conducting another workshop to train the trainers to teach communication skills. The two days of engaged teaching and experiential learning was full of joy, achievements and learning, finally gaining appreciation from learners as well as resource persons.

Participants for the workshop were selected from 10 healthcare institutions. Each institution had previously nominated 4 doctors to be trained as facilitators and 4 nurses to be trained as simulated patients. On the first day we had 27 participants (12 doctors and 15 nurses) and the second day we had 28 participants (14 doctors and 14 nurses). All the doctors were trained as facilitators and the nurses as simulated patients. They will be expected to conduct two one day workshops for 20 doctors and two one day workshops for 20 nurses in their respective institutions. We hope this initiative will establish 10 Training Centres of communication skills in the country so that our dream of establishing a national programme for disseminating communication skills teaching processes will be achieved. We hope that this will ultimately contribute to enhancing the entire spectrum of competencies of a health care professional while improving the overall health service standards.

Training of trainers among a relatively naive group of communicators was a unique and almost a crazy idea. Basically, what the Communication Core Group is trying to do is to create Communication Teachers in the very first workshop they attend. We have to introduce basic concepts of communication, the Calgary Cambridge Model as well as change their attitudes while introducing concepts of teaching like learner engagement in interactive lectures, providing opportunities for experiential learning, inducing reflective learning, providing effective feedback etc. The resource team felt that the programme was effective. By the end of the day we could see an obvious change in the learners who will go on to be resource persons later. They were performing the task of facilitators and sharing their experience and knowledge with the rest of the group mimicking the anticipated workshops in their respective institutions. They were motivated to learn as they were getting ready to learn. Probably our participants will echo that teaching is the best way to learn.

The members of the Communication Core Group, who have been resource persons for the workshops, have also learnt during the process of teaching. Our concepts and understanding about how to explore highly personal and possibly embarrassing information and talk to aggressive patients have evolved along with the workshops. We could see the value of introductions, empathy, respect, attentive listening, acceptance and collaborative planning in both scenarios. The value of explanations being provided for asking embarrassing questions and asking direct close ended questions were highlighted in exploration of sensitive information. We realized the similarities in history taking, sharing information, breaking bad news with teaching. Introductions, physical and psycho-social environment and building rapport, collaborative planning and closure with a contract, we found were common to most situations.

- ✓History taking; opening question → setting an agenda → gathering data according to topics.
- ✓Giving information; what do you want to know → develop chunks → give information according to chunk and check for understanding.
- ✓Breaking bad news – give a warning → break the news → handle emotions.
- ✓Teacher ask what do you want to learn → develop learners' agenda → give opportunity to practice → induce reflections and provide feedback.

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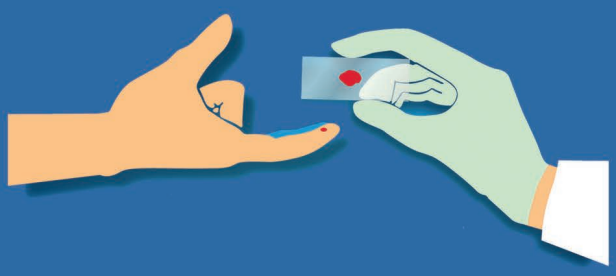


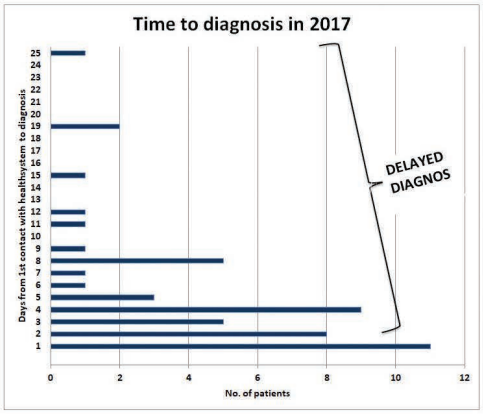
Reduce the Delay in diagnosing imported Malaria

Every single day that a malaria patient is left untreated,

* **His/her chances of survival decreases, &**

* **He/she can transmit the disease to others & re-introduce malaria to Sri Lanka**

Therefore malaria should be diagnosed within 24 hours of onset of fever



Your role:

For all fever patients, always check **travel history** at first interview. If patient has travelled to a malaria endemic country recently, **test for malaria.**

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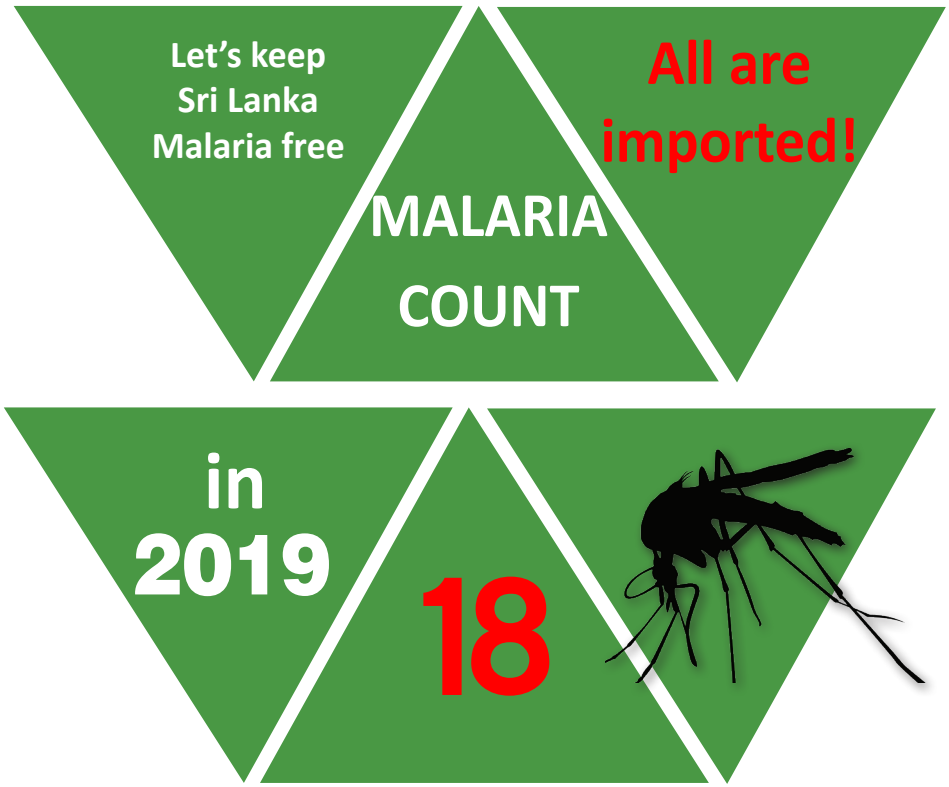

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